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☐ 1: J Pediatr Gastroenterol Nutr 1993
May;16(4):393-6

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A new protector device for safe endoscopic removal of sharp gastroesophageal foreign bodies in infants.

Bertoni G, Pacchione D, Sassatelli R, Ricci E, Mortilla MG, Gumina C.

Department of Digestive Endoscopy, S. Maria Nuova Hospital, Reggio Emilia, Italy.

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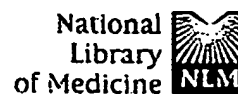
The accidental ingestion of sharp foreign bodies into the upper-gastrointestinal tract is not uncommon in children. Endoscopic extraction of these objects poses technical difficulties, and a number of dangerous complications can occur. We present two cases of successful retrieval of large, sharp gastroesophageal foreign bodies in small children using a new, commercially available endoscopic end protector hood that prevents exposure of the esophageal and pharyngeal wall to injuries and laceration by the foreign body. This device is simple to use, versatile, and effective and advances the safe endoscopic removal of a variety of gastroesophageal foreign bodies in pediatric patients.

PMID: 8315547 [PubMed - indexed for MEDLINE]

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May;8(4):536-40

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Retrograde esophagoscopy for foreign body removal.

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Winkler AR, McClenathan DT, Borger JA, Ahmed N.

Division of Gastroenterology and Nutrition, All Children's Hospital, St. Petersburg, FL 33701.

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Foreign bodies of the esophagus may penetrate the wall and migrate extraluminally, requiring a thoracotomy for removal. We report two children who swallowed coins that went undetected for several months and slowly eroded into the esophageal wall. These coins could not be retrieved by upper endoscopy, because of proximal strictures and granulation tissue at the perforation sites. Following surgical gastrostomy and retrograde flexible endoscopy, the coins were successfully removed. Retrograde endoscopy should be considered for removal of foreign esophageal objects before undertaking a thoracotomy.

PMID: 2723945 [PubMed - indexed for MEDLINE]

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